Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | |
|-----|--|---|--|-----|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Cas | e): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Roni First name Renee Middle name | First name Middle name | |
| | Bring your picture identification to your meeting with the trustee. | McLaughlin Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have | /e | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9816 | | |

Entered 02/20/18 11:52:38 Page 2 of 55 Doc 1 Filed 02/20/18 Desc Main Case 18-04495 Document

Debtor 1 Roni Renee McLaughlin

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| | | | |
| 5. | Where you live | 219 N. Marion | If Debtor 2 lives at a different address: |
| | | Bartlett, IL 60103 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Entered 02/20/18 11:52:38 Page 3 of 55 Doc 1 Filed 02/20/18 Desc Main Case 18-04495 Document

Debtor 1 Roni Renee McLaughlin

Case number (if known)

| Bankruptcy Code you are choosing to file under Chapter 7 | art 2: | Tell the Court About Y | our Bankr | uptcy Ca | ase | | | | |
|--|--|--|---------------|--------------------------|---|--|--|---------------------------------------|--|
| Chapter 7 | Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | Bankruptcy | | | | | |
| Chapter 12 | С | hoosing to file under | Chapter 7 | | | | | | |
| Chapter 12 | | | ☐ Chapte | er 11 | | | | | |
| Chapter 13 Will pay the entire fee when I file my petition. Please check with the clerk's office in your loca about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cas order. If your attorney is submitting your payment on your behalf, your attorney may pay with a crap re-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7 but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose his to the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your bankruptcy within the last 8 years? No. | | | ☐ Chapter 12 | | | | | | |
| I will pay the fee | | | | | | | | | |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay with ćash, cas order. If your attorney is submitting your payment on your behalf, you rattorney may pay with a creation and pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments. If you choose this option only if you are filing for Chapter 7 but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments, if you choose this of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fee, you filed for bankruptcy within the last 8 years? No. | | | _ Onapa | 51 10 | | | | | |
| The Filling Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7 but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your bankruptcy within the last 8 years? 9. Have you filed for bankruptcy within the last 8 years? No. District When Case number District When Case number No. Yes. District When Case number Relationship to you you, or by a business partner, or by an affiliate? Debtor District When Case number, if know Relationship to you District When Case number, if know Case number, if know Case number, if know Relationship to you District When Case number, if know Relationship to you Case number, if know Relationship to you District No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. | Н | low you will pay the fee | abo orde | ut how yo er. If your | ou may pay. Typically attorney is submittin | , if you are paying the fee you | ourself, you may pay with cash, cashier's ch | eck, or money | |
| I request that my fee be waived (You may request this option only if you are filing for Chapter 7 but is not required to, waive your fee, and may do so only if you income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your family size and you are unable to pay the fee in installments). If you choose this of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fee, and may do so only if you income is less than 150% of the applies to the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fee, and may do so only if you from 103B) and file it with your fee, and may do so only if you from 103B) and file it with your fee, and may do so only if you free want 150% of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fee, and may do so only if you fee, and may do so only if you fee, and may do so only if you free want 103B) and file it with your fee, and may do so only if you fee fee water on the part of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fee, and may do so only if your fee, and may do so only if your fee, and may do so only if your fee, and when the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fee, and t | | | | | | | on, sign and attach the Application for Indiv | iduals to Pay | |
| but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fleating from 103B) and file it with your fleating from 103B). The property of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fleating filed for bankruptcy district with a fleating from 103B). The property of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your fleating filed for bankruptcy district with a fleating filed for bankruptcy district with a fleating filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you district with a fleation filed for the property of | | | | • | , | , | on only if you are filing for Chapter 7. By law | a judae may | |
| bankruptcy within the last 8 years? District | | | but i app | is not req lies to yo | uired to, waive your ur family size and yo | fee, and may do so only if you are unable to pay the fee i | our income is less than 150% of the official point installments). If you choose this option, you | poverty line that bu must fill out | |
| District When Case number District When Case number District When Case number District When Case number No Case number No Pes. Debtor Relationship to you District When Case number No Debtor District When Case number, if know Destrict When Case number, if know No Destrict When Case number, if know No Destrict When Case number, if know No Destrict No Nen Nelationship to you No Go to line 12. Has your landlord obtained an eviction judgment against you? No Go to line 12. | b | ankruptcy within the | _ | | | | | | |
| District | | iot o youro i | □ 163. | District | | When | Case number | | |
| District When Case number 10. Are any bankruptcy cases pending or being filled by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if know Debtor Relationship to you District When Case number, if know Debtor Relationship to you Case number, if know Debtor Relationship to you Case number, if know Debtor Relationship to you Case number. If know Debtor Relationsh | | | | | | | 0 | | |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | | | | | | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | | | | Diotriot | | when | | | |
| filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | | | ■ No | | | | | | |
| District When Case number, if know Relationship to you | fi n y p | led by a spouse who is ot filing this case with ou, or by a business artner, or by an | ☐ Yes. | | | | | | |
| Debtor | | | | Debtor | | | Relationship to you | | |
| District When Case number, if known No. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. | | | | District | | When | Case number, if known | | |
| 11. Do you rent your residence? □ Yes. Go to line 12. □ Yes. Has your landlord obtained an eviction judgment against you? □ No. Go to line 12. | | | | Debtor | | | Relationship to you | | |
| residence? Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. | | | | District | | When | Case number, if known | | |
| □ No. Go to line 12. | | | ■ No. | Go to | line 12. | | | | |
| _ | | | ☐ Yes. | Has yo | our landlord obtained | an eviction judgment agains | st you? | | |
| Yes. Fill out Initial Statement About an Eviction Judament Against You (Form 101A | | | | | No. Go to line 12. | | | | |
| bankruptcy petition. | | | | | | | Judgment Against You (Form 101A) and file | e it with this | |

Debtor 1 Roni Renee McLaughlin Document Page 4 of 55 Case number (if known)

| ar | Report About Any Bu | sinesses | You Owr | as a Sole Proprieto | or | | | |
|-----|---|--|-----------|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | | ☐ Yes. | Name | and location of busin | ness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | oer, Street, City, State | e & ZIP Code | | | |
| | it to this petition. | | Chec | k the appropriate box | to describe your business: | | | |
| | | | | Health Care Busine | ess (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real I | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following 11 U.S.C. 1116(1)(B). | | | | | | |
| | For a definition of small | ■ No. | I am i | not filing under Chapt | er 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am f | iling under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| ar | 4: Report if You Own or | Have Any | / Hazardo | ous Property or Any | Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ■ No. ☐ Yes. | What is | the hazard? | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | | |
| | | | | | Number, Street, City, State & Zip Code | | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main

Document Page 5 of 55

Debtor 1 Roni Renee McLaughlin

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

page 5

Entered 02/20/18 11:52:38 Desc Main Case 18-04495 Filed 02/20/18 Doc 1

Document Page 6 of 55 Case number (if known) Debtor 1 Roni Renee McLaughlin

| Par | 6: Answer These Questi | ons for Re | porting Purposes | | | | | |
|-----|---|---|---|--|--|--|--|--|
| 16. | What kind of debts do you have? | 16a. | | | e defined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | | | | | | |
| | | | ☐ No. Go to line 16c. | o. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you ov | we that are not consumer debts or bu | siness debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts ☐ No. I am not filing under Chapter 7. Go to line 18. ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? ☐ No ☐ Yes | | | | | | |
| | are paid that funds will | | | | □ 1,000-5,000 □ 25,001-50,000 □ 50,001-100,000 □ 50,001-100,000 □ More than100,000 □ \$1,000,001 - \$10 million □ \$10,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$10,000,001 - \$50 billion □ \$100,000,001 - \$50 billion □ \$100,000,001 - \$50 billion □ \$100,000,001 - \$50 billion □ \$10,000,000,001 - \$10 million □ \$10,000,000,000 - \$10 million □ \$10,000,000 - \$10 million □ \$10,00 | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | 7. Go to line 18. 20 you estimate that after any exempt property is excluded and administrative expenses ailable to distribute to unsecured creditors? 1,000-5,000 | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you owe? | | | · | | | | |
| | | | - | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| 13. | | | | | | | | |
| | | | | | | | | |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | □ \$50,0 |)1 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | 10 201 | | | | | | | |
| | | □ \$500,0 | 01 - \$1 million | □ \$100,000,001 - \$500 million | n | | | |
| Par | 7: Sign Below | | | | | | | |
| For | you | I have exa | amined this petition, and I decl | lare under penalty of perjury that the | information provided is true and correct. | | | |
| | | | | | | | | |
| | | | attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ument, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request | elief in accordance with the cl | hapter of title 11, United States Code | , specified in this petition. | | | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | |
| | | Roni Re | Renee McLaughlin nee McLaughlin of Debtor 1 | Signature of D | Debtor 2 | | | |
| | | Executed | on February 20, 2018 | Executed on | | | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | | |

Debtor 1 Roni Renee McLaughlin Page 7 of 55 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel K. Robin | Date | February 20, 2018 |
|--|---------------|-------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Daniel K. Robin 2354705 | | |
| Printed name | | |
| Daniel K. Robin Ltd. | | |
| Firm name | | |
| 1515 E. Woodfield Road #880 | | |
| Schaumburg, IL 60173 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone | Email address | |
| 2354705 | | |
| Bar number & State | | |

Page 8 of 55 Document Fill in this information to identify your case: Debtor 1 Roni Renee McLaughlin First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a Value o | ssets of what you own |
|-----|--|-------------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 192,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 108,991.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 300,991.0 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 215,048.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.0 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 44,838.0 |
| | Your total liabilities | \$ | 259,886.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,682.0 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,003.4 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 5. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | hedules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

Desc Main Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Document

Page 9 of 55 Case number (if known) Debtor 1 Roni Renee McLaughlin

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

476.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | iim |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | ase 18-04495 | Doc 1 | |)2/20/18 Iment | Entered 02/20/18 | 3 11:52:38 | B Des | c Main |
|-----------------|---|--|--------------------------------------|---------------|---------------------------------|--|--------------------|---------------------------|---|
| Fill | in this infor | mation to identify yo | ur case and t | | | | | | |
| Deb | otor 1 | Roni Renee Mo | Laughlin | | | | | | |
| | | First Name | | lle Name | | Last Name | | | |
| | otor 2 use, if filing) | First Name | Midd | lle Name | | Last Name | | | |
| Unit | ted States Ba | ankruptcy Court for the | e: NORTHEI | RN DISTR | ICT OF ILLIN | IOIS | | | |
| Cas | se number _ | | | | | - | | [| ☐ Check if this is an amended filing |
| SC n eachink | chedul ch category, s it fits best. E | Be as complete and acc re space is needed, atta | cribe items. List urate as possik | ble. If two n | narried people | n asset fits in more than one are filing together, both are e top of any additional pages, | equally respons | ible for sup _l | plying correct |
| Part | 1: Describe | Each Residence, Build | ling, Land, or O | ther Real I | State You Ow | n or Have an Interest In | | | |
| . Do | o you own or | have any legal or equit | able interest in | any reside | nce, building, | land, or similar property? | | | |
| | No. Go to Par | rt 2. | | | | | | | |
| | Yes. Where i | is the property? | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1.1 | | _ | | What i | s the property | ? Check all that apply | | | |
| | 219 N. Ma | Irion , if available, or other descrip | tion | _ 🗆 | Single-family h | | | | ns or exemptions. Put claims on Schedule D: |
| | Otroot address, | in available, or other accomp | 11011 | | Duplex or mult Condominium | - | | | Secured by Property. |
| | | | | | | · | | | |
| | Bartlett | IL 6 | 60103-0000 | | | or mobile home | Current value | | Current value of the |
| | City | State | ZIP Code | - 📙 | Land Investment pro | perty | entire property | | portion you own? \$192,000.00 |
| | - , | | | | Timeshare | porty | | | ur ownership interest |
| | | | | | Other | | (such as fee si | imple, tenar | ncy by the entireties, or |
| | | | | _ | as an interest Debtor 1 only | in the property? Check one | a life estate), if | | |
| | Cook | | | _ | Debtor 2 only | | | | |
| | County | | | | Debtor 1 and E | Debtor 2 only | 01 - 1 '64 | | |
| | | | | _ | | the debtors and another | (see instruct | | nunity property |
| | | | | | information yo | ou wish to add about this item on number: | , such as local | | |
| | | | | | | | | | |
| | | | | | | | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$192,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Official Form 106A/B Schedule A/B: Property page 2

Nο

| | Case 18-04495 Doc | | Entered 02/20/18 11:52:38 | Desc Main |
|--------------------------|--|------------------------------|--|---|
| Debtor 1 | Roni Renee McLaughlin | Document | Page 12 of 55 Case number (if know | n) |
| ☐ Yes. | Describe | | | |
| □ No | les: Everyday clothes, furs, leather | coats, designer wear, shoes | s, accessories | |
| Yes. | Describe | | | |
| | misc clothing | | | \$200.00 |
| □ No · | | elry, engagement rings, wed | dding rings, heirloom jewelry, watches, gems | s, gold, silver |
| | wedding ring | | | \$500.00 |
| ■ No □ Yes. 14. Any oth | les: Dogs, cats, birds, horses Describe | s you did not already list, | including any health aids you did not list | |
| for Pa | ne dollar value of all of your entri rt 3. Write that number here scribe Your Financial Assets | | any entries for pages you have attached | \$1,200.00 |
| | n or have any legal or equitable i | nterest in any of the follow | ving? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | les: Money you have in your wallet, | | oosit box, and on hand when you file your pe | tition |
| | | | Cash | \$50.00 |
| Examp | ts of money les: Checking, savings, or other fina institutions. If you have multiple | | , | e houses, and other similar |
| | 17.1. Checki | ng Chase cl | necking | \$20.00 |
| | | - | | - - |
| | 17.2. | Chase 2 | nd checking | \$5.00 |
| Examp ■ No | mutual funds, or publicly traded les: Bond funds, investment accour | | ney market accounts | |

Official Form 106A/B Schedule A/B: Property page 3

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 13 of 55 Case number (if known)

| 19. | joint v | ublicly traded s venture | stock and interests in incor | rporated and unincorporated businesses, including an interes | st in an LLC, partnership, and |
|-----|------------------------------------|---|---|---|--|
| | ■ No | | | | |
| | ☐ Yes. | Give specific in | nformation about them Name of entity: | | |
| 20. | Negoti | iable instrumen | ts include personal checks, c | gotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. | |
| | No | | | | |
| | ☐ Yes. | Give specific in | formation about them Issuer name: | | |
| 21. | | ment or pension ples: Interests in | | , 403(b), thrift savings accounts, or other pension or profit-sharing | plans |
| | Yes. | List each accou | unt separately. Type of account: | Institution name: | |
| | | | IRA | Vanguard IRA | \$14,622.00 |
| | | | IRA | Chase IRA | \$1,893.00 |
| | | | Pension | Zurich Pension Plan | \$70,000.00 |
| | | | | | |
| | Your s Examp No ☐ Yes. Annuit No | share of all unus ples: Agreemen ties ties (A contract | its with landlords, prepaid ren | so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications compared institution name or individual: oney to you, either for life or for a number of years) | nies, or others |
| | ☐ Yes | ••••• | Issuer name and description. | | |
| 24. | | | tion IRA, in an account in a 1, 529A(b), and 529(b)(1). | qualified ABLE program, or under a qualified state tuition pro | ogram. |
| | Yes | | Institution name and descripti | tion. Separately file the records of any interests.11 U.S.C. § 521(c) | : |
| | | | Vanguard 529C plan | | \$6,000.00 |
| 25. | ■ No | • | future interests in property | (other than anything listed in line 1), and rights or powers exc | ercisable for your benefit |
| 26. | Patents | s, copyrights, | trademarks, trade secrets, | and other intellectual property | |
| | ■ No | | ornain names, websites, proce | eeds from royalties and licensing agreements | |
| 27. | Licens | es, franchises | , and other general intangil | bles operative association holdings, liquor licenses, professional licens | ees |
| | ■ No | | nformation about them | ,, 5 3 4 | |
| M | oney or | property owed | d to you? | | Current value of the |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1

| Debtor 1 | Case 18-04495 Do | oc 1 Filed 02/20/18 Document | Entered 02/20 Page 14 of 55 | 0/18 11:52:38 ase number (if known) | Desc Main |
|---|--|---|---|-------------------------------------|--|
| 28. Tax refu | nds owed to you | | | | |
| □ No ■ Ves G | live specific information about th | em including whether you alre | adv filed the returns and | d the tay years | |
| — 163. 0 | nive specific information about the | iem, including whether you alle | ady filed the returns and | Tille tax years | |
| | | | | | |
| | | Fed Tax refund for 2017 | | Federal | \$1,500.00 |
| ■ No | support es: Past due or lump sum alimor sive specific information | ny, spousal support, child suppo | ort, maintenance, divorc | ce settlement, property | settlement |
| Example ☐ No | mounts someone owes you es: Unpaid wages, disability insu benefits; unpaid loans you m Give specific information | | efits, sick pay, vacation | pay, workers' compe | nsation, Social Security |
| | | My husband is reimbursin nis child. | g me for money take | en from me for | \$4,000.00 |
| 32. Any inte If you ar someon ■ No | lame the insurance company of Company recent in property that is due your end beneficiary of a living trust e has died. Give specific information | u from someone who has die | | | Surrender or refund value: eive property because |
| 33. Claims a Example □ No | against third parties, whether es: Accidents, employment disponseribe each claim | | | or payment | |
| | 1 | Divorce is pending; I do no property in my husband's of the boat is not known. comp claim pending. | name, such as his b | ooat. The value | \$1.00 |
| | t d | n March of 2017 I had wat he money has been paid to contractors. Some money palance is approximately | to me and I used it to went directly to co | o pay the | \$1,700.00 |
| ■ No □ Yes. □ 35. Any fina ■ No | ontingent and unliquidated cla Describe each claim Incial assets you did not alrea Give specific information | • | g counterclaims of the | e debtor and rights to | o set off claims |

| 56. Part | 2: Total vehicles, line 5 | | \$8,000.00 | · |
|------------------|--|------------------------------|--|--------------|
| 55. Part | 1: Total real estate, line 2 | | | \$192,000.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 54. Add | the dollar value of all of your entries | from Part 7. Write that r | number here | \$0.00 |
| ☐ Yes | Give specific information | | | |
| ■ No | | | | |
| | u have other property of any kind you ples: Season tickets, country club mem | | | |
| Part 7: | Describe All Property You Own or Have | an Interest in That You Di | d Not List Above | |
| ☐ Ye | s. Go to line 47. | | | |
| ■ No | . Go to Part 7. | | | |
| 16. Do yo | u own or have any legal or equitable | interest in any farm- or | commercial fishing-related property? | |
| | escribe Any Farm- and Commercial Fishing you own or have an interest in farmland, list it | | n or Have an Interest In. | |
| ☐ Yes. | Go to line 38. | | | |
| ■ No. G | o to Part 6. | | | |
| 37. Do you | own or have any legal or equitable interes | st in any business-related r | property? | |
| Part 5: D | escribe Any Business-Related Property Yo | ou Own or Have an Interest | In. List any real estate in Part 1. | |
| | the dollar value of all of your entries art 4. Write that number here | | ny entries for pages you have attached | \$99,791.00 |
| Debtor 1 | Roni Renee McLaughlin | | Case number (if known) | |
| | Case 16-04495 DUC 1 | Document | Page 15 of 55 | Desc Main |

| 61. | Part 7: Total other property not listed, line 54 | + _ | \$0.00 | | |
|-----|--|-----|--------------|----------------------------|--------------|
| 62. | Total personal property. Add lines 56 through 61 | _ | \$108,991.00 | Copy personal property tot | \$108,991.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$300,991.00 |

\$1,200.00

\$0.00

\$0.00

\$99,791.00

Official Form 106A/B Schedule A/B: Property page 6

57. Part 3: Total personal and household items, line 15

Part 5: Total business-related property, line 45

Part 6: Total farm- and fishing-related property, line 52

58. Part 4: Total financial assets, line 36

| | | | III FAUE 10 01 33 | |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Roni Renee McLa | aughlin | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (II KIIOWII) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | | | Specific laws that allow exemption |
|--------------------------------------|----------|---|---|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| \$450.00 | | \$450.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$20.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$5.00 | | \$5.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| | \$200.00 | \$200.00 \$20.00 \$20.00 \$20.00 \$30.00 \$ | Schedule A/B \$450.00 \$450.00 \$450.00 \$100% of fair market value, up to any applicable statutory limit \$500.00 \$100% of fair market value, up to any applicable statutory limit \$500.00 \$100% of fair market value, up to any applicable statutory limit \$500.00 \$100% of fair market value, up to any applicable statutory limit \$20.00 \$100% of fair market value, up to any applicable statutory limit \$20.00 \$20.00 \$20.00 \$20.00 \$30.00 |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 17 of 55

Case number (if known)

| | Trom Itomos mosaugimi | | | | |
|----|--|---|----------|--|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| | IRA: Vanguard IRA Line from Schedule A/B: 21.1 | \$14,622.00 | = | \$14,622.00 | 735 ILCS 5/12-1006 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | IRA: Chase IRA Line from Schedule A/B: 21.2 | \$1,893.00 | | \$1,893.00 | 735 ILCS 5/12-1006 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: Zurich Pension Plan Line from Schedule A/B: 21.3 | \$70,000.00 | | \$70,000.00 | 735 ILCS 5/12-1006 |
| | Ellie Holli Golloddie 772. 2116 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Vanguard 529C plan Line from Schedule A/B: 24.1 | \$6,000.00 | | \$6,000.00 | 11 U.S.C. § 522(b)(3)(C) |
| | Ellie Holli Gelledale PAB. 2411 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal: Fed Tax refund for 2017 Line from Schedule A/B: 28.1 | \$1,500.00 | | \$1,500.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | My husband is reimbursing me for money taken from me for his child. | \$4,000.00 | | \$2,025.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmer | nt.) |
| | ■ No | | | | |
| | ☐ Yes. Did you acquire the property cover | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| | Document | Page 18 | of 55 | | |
|--|---|------------------|--|--|-------------------|
| Fill in this information to identify yo | ur case: | | | | |
| Debtor 1 Roni Renee Mo | el aughlin | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | e: NORTHERN DISTRICT OF ILLI | NOIS | | | |
| Officed States Bankrupicy Court for the | . NORTHERN DISTRICT OF IEEE | 14013 | | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | led filing |
| 0/// 1 1 5 | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Creditors | s Who Have Claims S | Secured | by Propert | ٧ | 12/15 |
| | | | | | |
| Be as complete and accurate as possible. is needed, copy the Additional Page, fill it | | | | | |
| number (if known). | | | | pagoo,o joan | |
| 1. Do any creditors have claims secured b | by your property? | | | | |
| ☐ No. Check this box and submit | this form to the court with your other s | schedules. You | ı have nothing else t | o report on this form. | |
| Yes. Fill in all of the information | • | | J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | below. | | | | |
| Part 1: List All Secured Claims | | | | | 0.1 |
| 2. List all secured claims. If a creditor has | | | Column A | Column B | Column C |
| for each claim. If more than one creditor ha much as possible, list the claims in alphabet | | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | lical order according to the creditor's name | • | value of collateral. | claim | If any |
| 2.1 Chase Bank | Describe the property that secures the | e claim: | \$173,223.00 | \$192,000.00 | \$0.00 |
| Creditor's Name | 219 N. Marion Bartlett, IL 601 | 03 | | | |
| | Cook County | | | | |
| D D 45000 | As of the date you file, the claim is: C | heck all that | | | |
| P.O. Box 15298 | apply. | | | | |
| Wilmington, DE 19850 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who awas the debt? Obselves | Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as m | ortgage or secui | red | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | | |
| community debt | | | | | |
| Date debt was incurred | Last 4 digits of account number | er 7208 | | | |
| | | | | | |
| 2.2 Chase Bank | Describe the property that secures th | e claim: | \$10,169.00 | \$192,000.00 | \$0.00 |
| Creditor's Name | 219 N. Marion Bartlett, IL 601 | | ************************************* | | |
| | Cook County | | | | |
| P.O. Box 15153 | _ | | | | |
| Wilmington, DE | As of the date you file, the claim is: C apply. | heck all that | | | |
| 19886-5153 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | An agreement you made (such as m | ortgage or secui | red | | |
| ☐ Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| $\hfill \square$ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | | |
| community debt | | | | | |
| Date debt was incurred | Last 4 digits of account number | er 6680 | | | |
| | | | | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 19 of 55

| Debtor 1 Roni Renee McLaughlin | | Case number (if know) | | | |
|--------------------------------|--|--|-------------|--------------|-------------|
| | First Name Middle N | lame Last Name | | - | |
| 2.3 | Ford Motor Credit | Describe the property that secures the claim: | \$5,856.00 | \$8,000.00 | \$0.00 |
| | Creditor's Name | 2012 Ford Explorer 80000 miles | | <u> </u> | |
| | | | | | |
| | P.O. Box 790093 Saint Louis, MO 63179 | As of the date you file, the claim is: Check all that apply. | | | |
| | | ☐ Contingent | | | |
| | Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who | owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ D | ebtor 1 only | ■ An agreement you made (such as mortgage or sec | ured | | |
| | Debtor 2 only | car loan) | | | |
| _ | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ПΑ | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a | Other (including a right to offset) | | | |
| (| community debt | | | | |
| Date | debt was incurred | Last 4 digits of account number 6398 | | | |
| | | | | | |
| 2.4 | Illinois Housing | Describe the property that secures the claim: | \$25,800.00 | \$192,000.00 | \$17,192.00 |
| | Authority/ Hardest Creditor's Name | 219 N. Marion Bartlett, IL 60103 | | | |
| | | Cook County | | | |
| | 401 N. Michigan | As of the date you file, the claim is: Check all that | | | |
| | Chicago, IL 60611 | apply. | | | |
| | Number, Street, City, State & Zip Code | Contingent | | | |
| | Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who | owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | Debtor 1 only | ■ An agreement you made (such as mortgage or sec | ad | | |
| _ | • | car loan) | urea | | |
| _ | ebtor 2 only Debtor 1 and Debtor 2 only | <u> </u> | | | |
| | t least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a | Other (including a right to offset) | | | |
| | community debt | Other (including a right to onset) | | | |
| Date | debt was incurred | Last 4 digits of account number unkno | wn | | |
| | | | | | |
| اء ۸ | d the dellar value of your entries in C | Column A on this page. Write that number have | ¢245.049.4 | 20 | |
| | | Column A on this page. Write that number here: the dollar value totals from all pages. | \$215,048.0 | | |
| | ito that number here: | the denai value totals from all pages. | \$215,048.0 | 00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | 0430 10 04430 2 | Document | Page 20 | nof 55 | bese main |
|--|--|---|----------------------------------|--|--|
| Fill in this in | formation to identify your o | | 1 700. 20 | | |
| Debtor 1 | Roni Renee McLa | uahlin | | | |
| DODIO! I | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official Fo | orm 106E/F | | | | |
| | | ho Have Unsecured | Claims | | 12/15 |
| | | | | Part 2 for creditors with NONPR | IORITY claims. List the other party to |
| Schedule G: Ex Schedule D: Cr left. Attach the | ecutory Contracts and Unexpi editors Who Have Claims Sect | ired Leases (Official Form 106G). De | o not include a eeded, copy t | any creditors with partially secu the Part you need, fill it out, nun | nber the entries in the boxes on the |
| Part 1: Lis | st All of Your PRIORITY Un | secured Claims | | | |
| 1. Do any cre | editors have priority unsecured | d claims against you? | | | |
| No. Go | to Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: Lis | st All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any cre | editors have nonpriority unsec | ured claims against you? | | | |
| ☐ No. You | u have nothing to report in this pa | art. Submit this form to the court with y | our other sche | edules. | |
| Yes. | | | | | |
| unsecured | claim, list the creditor separately | aims in the alphabetical order of the ofor each claim. For each claim listed, st the other creditors in Part 3.lf you h | identify what t | ype of claim it is. Do not list claims | s already included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Aller | n Gabe Law PC | Last 4 digits of acco | unt number | xxxxx | \$1,472.00 |
| • | iority Creditor's Name Walden Office Sq. \$500 |) When was the debt | incurred? | | |
| | aumburg, IL 60173 | y when was the debt | ilcuireu: | | |
| Numb | er Street City State Zlp Code | As of the date you fi | le, the claim i | s: Check all that apply | |
| _ | ncurred the debt? Check one. | | | | |
| ■ De | ebtor 1 only | ☐ Contingent | | | |
| ☐ De | ebtor 2 only | ☐ Unliquidated | | | |
| ☐ De | ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At | least one of the debtors and and | _ | TY unsecured | I claim: | |
| | neck if this claim is for a comm | | | | |
| debt Is the | claim subject to offset? | ☐ Obligations arising report as priority clain | | ration agreement or divorce that y | ou did not |
| Is the No | • | | | g plans, and other similar debts | |
| | | | | y pians, and other similar debts | |
| ☐ Ye | es . | Other. Specify | ervices | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 21 of 55

Debtor 1 Roni Renee McLaughlin Case number (if know) 4.2 \$1,400.00 **Amita Health** Last 4 digits of account number 7342 Nonpriority Creditor's Name 22589 Network Place When was the debt incurred? Chicago, IL 60673 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes 4.3 At&T Mobility \$559.00 Last 4 digits of account number 9702 Nonpriority Creditor's Name P.O. Box 6416 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes services Other, Specify 4.4 AT&T U-verse Last 4 digits of account number 5340 \$55.00 Nonpriority Creditor's Name P.O. Box 23870 When was the debt incurred? Jacksonville, FL 32241 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify utilities

Entered 02/20/18 11:52:38 Case 18-04495 Doc 1 Filed 02/20/18 Desc Main

Page 22 of 55 Case number (if know) Document Debtor 1 Roni Renee McLaughlin 4.5 \$139.00 Athletico Last 4 digits of account number 4366 Nonpriority Creditor's Name 625 Enterprise Drive When was the debt incurred? Oak Brook, IL 60523 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify services 4.6 \$492.00 **Capital One** Last 4 digits of account number 3226 Nonpriority Creditor's Name P.O. Box 30253 When was the debt incurred? Salt Lake City, UT 84130-0253 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes credit card Other. Specify 4.7 **Chase Cardmember Service** Last 4 digits of account number 4563 \$4,051.00 Nonpriority Creditor's Name P.O. Box 15548 When was the debt incurred? Wilmington, DE 19886 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 23 of 55

Case number (if know) Debtor 1 Roni Renee McLaughlin \$1,074.00 4.8 **Chase Cardmember Service** Last 4 digits of account number 1871 Nonpriority Creditor's Name P.O. Box 15548 When was the debt incurred? Wilmington, DE 19886 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases ☐ Yes 4.9 Citibank NA Last 4 digits of account number 1603 \$5,908.00 Nonpriority Creditor's Name P.O. Box 790110 When was the debt incurred? Saint Louis. MO 63179-0110 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card purchases ☐ Yes 4.1 **CM Landscaping** \$45.00 none Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 173 When was the debt incurred? Elgin, IL 60121 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify services ☐ Yes

Entered 02/20/18 11:52:38 Case 18-04495 Doc 1 Filed 02/20/18 Desc Main Document Page 24 of 55

Debtor 1 Roni Renee McLaughlin Case number (if know) 4.1 \$448.00 **Elgin Internal Medicine** 0112 Last 4 digits of account number Nonpriority Creditor's Name 745 Fletcher Drive 101 When was the debt incurred? Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify medical 4.1 Law Offices of Duane St. Pierre none \$24,638.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 855 E. Palatine Rd. Palatine, IL 60074 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify services ☐ Yes 4.1 Nordstrom 0057 \$343.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6555 When was the debt incurred? Englewood, CO 80155 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Page 25 of 55 Document Debtor 1 Roni Renee McLaughlin Case number (if know) 4.1 \$105.00 Northwest Neurology LTD 0172 Last 4 digits of account number 4 Nonpriority Creditor's Name 22285 Pepper Rd. 401 When was the debt incurred? Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Medical 4.1 **Northwestern Medicine** 8532 \$38.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 28155 Network Place Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 **Opthamology Assoc** 5849 \$304.00 6 Last 4 digits of account number Nonpriority Creditor's Name 1670 Capital St. #100 When was the debt incurred? Elgin, IL 60124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify medical

Document Page 26 of 55 Case number (if know) Debtor 1 Roni Renee McLaughlin 4.1 Presence St. Joseph Hospital 1105 \$291.00 Last 4 digits of account number Nonpriority Creditor's Name 32816 Collection When was the debt incurred? Chicago, IL 60693 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Medical 4.1 **Sherman Hospital** 0257 \$2,746.00 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? 1425 N. Randall Road **Elgin, IL 60123** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 **Target Card Services** 1857 \$125.00 9 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 660170 When was the debt incurred? Dallas, TX 75266-0170 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Page 27 of 55 Case number (if know) Document Debtor 1 Roni Renee McLaughlin

| Victoria Secrets | Last 4 digits of account number 4529 | \$605.00 |
|---|---|----------|
| Nonpriority Creditor's Name P.O. Box 659728 | When was the debt incurred? | |
| San Antonio, TX 78265 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit card purchases | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 7 | Total Claim |
|-----------------------|-----|---|-----|----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| Total | OI. | ottuent loans | Oi. | Φ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ | 44,838.00 |
| | | here. | | Ψ | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 44,838.00 |
| | | | | | |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | 1700.11111 | | |
|------------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Roni Renee McLa | aughlin | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |
| () | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | whom you have the r, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.2 | News | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | <u> </u> |
| | rtarribor | Ciroot | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | J.,, | | <u> </u> | | |

| | | Docume | ent Page 29 d | of 55 | |
|----------------------------|--------------------------------|---|---|--|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Roni Renee McL | aughlin | | | |
| DCD(OI I | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| _ | | | | | |
| Case num (if known) | nber | | | | ☐ Check if this is an |
| (| | | | | amended filing |
| | | | | | g |
| Officia | l Form 106H | | | | |
| | | lahtara | | | |
| Sched | dule H: Your Cod | leptors | | | 12/15 |
| ■ No □ Yes 2. With Arizor | | u lived in a community pr a, Nevada, New Mexico, Pu | r operty state or territo lerto Rico, Texas, Wash | ry? (Community property s | states and territories include |
| in line Form out C | e 2 again as a codebtor only | if that person is a guaran al Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed the 06G). Use Schedule D, Sc | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill iter to whom you owe the debt |
| | ,, Shoot, Stry, State and 2 | | | Crieck all Scriedules | ιι ιαι αρριγ. |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | e |
| | | | | ☐ Schedule G, line | |
| - | Ni mah au Chraot | | | | |
| | Number Street City | State | ZIP Code | | |
| | | Cialo | | | |
| | | | | | |
| 3.2 | Name | | | Schedule D, line | |
| | Hamo | | | ☐ Schedule E/F, line | e |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | | |
| | City | State | ZIP Code | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 30 of 55

| E:11 | | : la ('f | | | | | | | | | |
|---------------------|---|--|---|--|------------------------|----------------|---------------------|-------------------------|--|----------------------------------|-----------------|
| | in this information to otor 1 | Roni Renee | | | | | | | | | |
| | otor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrupto | cy Court for the | : NORTHERN DISTRIC | T OF ILLINOIS | | | | | | | |
| (If kr | se number | 1061 | | | | | □ A □ A 1 | | ed filing ent showing as of the fo | g postpetition ollowing date: | chapter |
| _ | chedule I: Y | | nme | | | | IV | י /טט / אוויי | 7 7 7 7 | | 12/15 |
| sup spo atta | plying correct infor use. If you are sepa ch a separate sheet | mation. If you rated and you to this form. | sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, and your th you, do not inclu | spouse i ide infori | s liv natio | ing with on abou | you, incl t your spe | ude inforn ouse. If mo | nation about ore space is | your needed, |
| ١. | information. | ymem | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | |
| | If you have more the attach a separate prinformation about a employers. | age with | Employment status Occupation | ☐ Employed ■ Not employed | | | | ☐ Empl | oyed mployed | | |
| | Include part-time, s self-employed work | | Employer's name | | | | | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | | | | | | | | |
| | | | How long employed th | nere? | | | | _ | | | |
| Esti spou | mate monthly incoruse unless you are se | eparated. | ate you file this form. If your than one employer, co | 3 | | , | ŕ | · | · | , | J |
| | e space, attach a ser | | | | | | For Del | | For Del | otor 2 or ng spouse | , o a o a |
| 2. | | | ry, and commissions (becalculate what the monthly | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list | monthly overt | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Ir | ncome. Add lir | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 31 of 55

| Deb | tor 1 | Roni Renee McLaughlin | _ | С | ase number (if kr | nown) | | | | |
|-----|-----------------------|--|------------|-----|-------------------|-------|--------|-------------------------|-----------------|-----------------|
| | | | | | For Debtor 1 | | non | Debtor 2 -filing spe | ouse | |
| | Cop | y line 4 here | 4. | | \$ | 0.00 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$(| 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 0.00 | \$ | | N/A | - |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | 0.00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 0.00 | \$ | | N/A | - |
| | 5e. 5f. | Insurance | 5e. 5f. | | | 0.00 | \$ | | N/A | - |
| | 5g. | Domestic support obligations Union dues | 5g. | | · | 0.00 | \$ | | N/A N/A | |
| | 5h. | Other deductions. Specify: | 5h. | | · | | + \$ | | N/A | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | . | 0.00 | \$ | | N/A | - |
| 7. | | | 7. | , | | | \$ | | | - |
| | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | • | Φ <u> </u> | 0.00 | Φ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | | | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ 467 | 7.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | | \$ 1,353 | | \$ | | N/A | - |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social security for daughter | 8f. | | \$ 852 | 2.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | | | 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: Liberty Mutual | 8h. | .+ | \$10 | 0.00 | + \$ | | N/A | <u> </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,682 | 2.00 | \$ | | N/A | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 2,682.00 | + \$ | | N/A = | \$_ | 2,682.00 |
| 11. | Inclu othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | Schedule J 11 | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. | \$ | 2,682.00 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | ombir nonthl | ned y income |
| | | No. | | | | | | | | |
| | | Yes. Explain: I am asking for spousal maintenance of \$748 per \$585.00 per month. None of this has been grante | | | | | | pport m | ay ind | crease to |

Official Form 106I Schedule I: Your Income page 2

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 32 of 55

| Fill in th | nis information to ider | tify your case: | | | | | | | | |
|----------------------|--|---------------------|---|--|------------------|-------------------|---|--|--|--|
| Debtor 1 | | nee McLaug | hlin | | Chec | k if this is: | | | | |
| Debtor 2 | | noo mo <u>c</u> aag | | | _ | An amended filing | otan ann an airean 1900 ann an an an an | | | |
| | e, if filing) | | | | | | ving postpetition chapter the following date: | | | |
| United S | States Bankruptcy Court | for the: NORT | HERN DISTRICT OF ILLIN | OIS | MM / DD / YYYY | | | | | |
| Case nu (If knowr | | | | | | | | | | |
| Offic | cial Form 10 | 6J | | | • | | | | | |
| Sch | edule J: Yo | ur Expe | nses | | | | 12/15 | | | |
| informa | | is needed, att | e. If two married people ar ach another sheet to this on. | | | | | | | |
| Part 1: | | lousehold | | | | | | | | |
| | this a joint case? No. Go to line 2. | | | | | | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 | live in a sepa | rate household? | | | | | | | |
| | ☐ No ☐ Yes. Debtor | 2 must file Offic | cial Form 106J-2, Expenses | for Separate House | ehold of Debt | or 2. | | | | |
| 2. D o | o you have depende | nts? 🗆 No | | | | | | | | |
| | o not list Debtor 1 and ebtor 2. | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | | | |
| | o not state the | | | | | | □ No | | | |
| de | ependents names. | | | Daughter | | 15 | ■ Yes □ No | | | |
| | | | | | | | □ Yes | | | |
| | | | | | | | □ No | | | |
| | | | | | | | ☐ Yes ☐ No | | | |
| | | | | | | | ☐ Yes | | | |
| | o your expenses inc | | No | - | | | — 103 | | | |
| | spenses of people o ourself and your dep | ther than |] Yes | | | | | | | |
| expens | te your expenses as | of your bank | nly Expenses ruptcy filing date unless y cy is filed. If this is a supp | | | | | | | |
| the val | | | government assistance in acluded it on Schedule I:) | | | Your exp | enses | | | |
| • | • | | | | | | | | | |
| | ne rental or home over syments and any rent | | nses for your residence. I or lot. | nclude first mortgage | e 4. \$ | | 1,597.00 | | | |
| lf | not included in line | 4: | | | | | | | | |
| 4a | | | | | 4a. \$ | | 0.00 | | | |
| 4b | -1 - 7, | | | | 4b. \$ | | 0.00 | | | |
| 4d 4d | | | upkeep expenses | | 4c. \$ 4d. \$ | | 30.00 0.00 | | | |
| | | | our residence, such as ho | me equity loans | -τα. φ 5. \$ | | 39.42 | | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 33 of 55

| υll | Roni Renee McLaughlin | Case num | ber (if known) | |
|-------------|---|--------------|----------------|----------|
| . (| Itilities: | | | |
| (| Sa. Electricity, heat, natural gas | 6a. | · | 152.00 |
| (| b. Water, sewer, garbage collection | 6b. | · | 60.00 |
| | Sc. Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 121.00 |
| | d. Other. Specify: | 6d. | · | 0.00 |
| | Food and housekeeping supplies | 7. | \$ | 200.00 |
| (| Childcare and children's education costs | 8. | \$ | 0.00 |
| (| Clothing, laundry, and dry cleaning | 9. | \$ | 10.00 |
|). I | Personal care products and services | 10. | \$ | 75.00 |
| l. I | Medical and dental expenses | 11. | \$ | 100.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | 40 | • | 167.00 |
| | On not include car payments. | 12. | · | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · - | 22.00 |
| | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| | nsurance. | | | |
| | Oo not include insurance deducted from your pay or included in lines 4 or 20. | 150 | c | 0.00 |
| | 5a. Life insurance | 15a. | * | 0.00 |
| | 5b. Health insurance | 15b. | | 170.00 |
| | 5c. Vehicle insurance | 15c. | | 107.00 |
| | 5d. Other insurance. Specify: | 15d. | > | 0.00 |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | ¢. | 0.00 |
| | nstallment or lease payments: | 10. | Φ | 0.00 |
| | 7a. Car payments for Vehicle 1 | 17a. | ¢ | 153.00 |
| | 7b. Car payments for Vehicle 2 | 17a. 17b. | · | 0.00 |
| | 70 Other Specific | 176. 17c. | · | |
| | 7c. Other Specify: | | * | 0.00 |
| | 7d. Other. Specify: our payments of alimony, maintenance, and support that you did not report as | 17d. | . | 0.00 |
| | leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | | 0.00 |
| | Other real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e | | our Income. | |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | Ob. Real estate taxes | 20b. | \$ | 0.00 |
| 2 | Oc. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | · | 0.00 |
| | Other: Specify: | | +\$ | 0.00 |
| ' ' | | | ΙΨ | 0.00 |
| | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 3,003.42 |
| 2 | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 2 | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,003.42 |
| . (| Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,682.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | | 3,003.42 |
| • | | 200. | * | 3,003.42 |
| • | 23c. Subtract your monthly expenses from your monthly income. | | | 004 10 |
| - | The result is your <i>monthly net income</i> . | 23c. | \$ | -321.42 |

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

■ Yes. Explain here: From time to time my food expenses go up if I do not use the food pantry.

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 34 of 55

| Fill in this info | ormation to identify your | case: | | | | | |
|----------------------------------|--|------------------------|----------------|-------------------|-----------------------|--------|---|
| Debtor 1 | Roni Renee McLa | uahlin | | | | | |
| | First Name | Middle Name | Las | t Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Las | t Name | | | |
| United States I | Bankruptcy Court for the: | NORTHERN DISTRI | ICT OF ILLINO | S | | | |
| Case number (if known) | | | | | | | Check if this is an amended filing |
| Official Fo | rm 106Dec | | | | | | |
| | ntion About a | n Individu: | al Debt | or's Sch | edules | | 12/15 |
| Deciare | tion About a | II III MIVIMU | ai DCDt | 3 0011 | caaics | | 12/13 |
| obtaining mon years, or both. | his form whenever you fi ey or property by fraud ir 18 U.S.C. §§ 152, 1341, 1 ign Below | connection with a ba | | | | | |
| Did you բ | pay or agree to pay some | one who is NOT an at | torney to help | you fill out banl | kruptcy forms? | | |
| ■ No | | | | | | | |
| ☐ Yes. | Name of person | | | | | | etition Preparer's Notice, ature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the s | ummary and s | chedules filed w | vith this declaration | on and | |
| X /s/ Ro | oni Renee McLaughlin | | Х | | | | |
| Roni | Renee McLaughlin ture of Debtor 1 | | | Signature of Del | btor 2 | | |

Date _____

Date **February 20, 2018**

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 35 of 55

| HI | in this i | information to identify yοι | ir casa: | | | |
|-------------------|---------------------------|---|---|---|--|---|
| | btor 1 | Roni Renee Mc | | | | |
| De | DIOI I | First Name | Middle Name | Last Name | | |
| | btor 2 ouse if, filing | g) First Name | Middle Name | Last Name | | |
| Un | ited State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | se numb | er | | | | Check if this is an amended filing |
| St Be a | atem | elete and accurate as poss | Affairs for Individual sible. If two married people in attach a separate sheet to | are filing together, both are | equally responsible for | |
| | nber (if k | known). Answer every que | estion. | • | y additional pagoo, mile | , your mame and dues |
| Pa | rt 1: G | Give Details About Your M | arital Status and Where You | ı Lived Before | | |
| 1. | What is | s your current marital stat | us? | | | |
| | _ | arried ot married | | | | |
| 2. | During | the last 3 years, have you | ı lived anywhere other than | where you live now? | | |
| | ■ No | | lived in the last 3 years. Do n | ot include where you live nov | 1. | |
| | Debto | r 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| 3. stat | | | ever live with a spouse or le alifornia, Idaho, Louisiana, Ne | | | |
| | ■ No | | chedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 | Explain the Sources of You | ur Income | | | |
| 4. | Fill in th | ne total amount of income youre filing a joint case and you | mployment or from operating the received from all jobs and a have income that you receive | all businesses, including part | -time activities. | calendar years? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | | | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 36 of 55 Case number (if known)

| 5. | Include include and other | come regard oublic benef | less of wheth it payments; | er that inco pensions; r | ing this year or the two previous calendar years? at income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, ions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery d you have income that you received together, list it only once under Debtor 1. | | | | | | | | |
|--|------------------------------|----------------------------------|--|---|--|---|--|---------------------------------|-------------------------------|--|----------------------------------|--------------|--|
| | List each s | ource and t | he gross inco | me from ea | ach source separa | itely. Do n | ot include income | that you listed | d in line | 4. | | | |
| | □ No | □ No | | | | | | | | | | | |
| | _ | Fill in the de | tails. | | | | | | | | | | |
| | | | | Dahtan 4 | | | | Dahtan 0 | | | | | |
| | | | | Debtor 1 Sources | of income | Gross | income from | Debtor 2 Sources | of inco | me | Gross inc | ome | |
| | | | | Describe | below. | each s | source e deductions and | Describe t | below. | | (before de | ductions | |
| | om January e date you f | | nt year until kruptcy: | Social S Benefits | | | \$4,410.00 | | | | | | |
| | or last calen anuary 1 to | | 31, 2017) | Social S Benefits | | | \$26,878.00 | | | | | | |
| | or the calend anuary 1 to | | | Social S Benefits | | | \$25,000.00 | | | | | | |
| | ■ Yes. | No. Yes * Subject to During the | Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo | each creditor editor. Do r payments t on 4/01/19 r both hav re you filed | or to whom you painot include paymento an attorney for to and every 3 year to primarily consult for bankruptcy, di | id a total onts for dor his bankrons after tha | of \$6,425* or more mestic support obli uptcy case. at for cases filed or | in one or mor igations, such | re payn as chil date of | nents and the discussion of th | and alimony. | | |
| | | ■ No. | Go to line 7 | | | | | | | | | | |
| | | □ Yes | | ments for d | or to whom you pai domestic support o uptcy case. | | | | | | | | |
| | Creditor' | s Name and | d Address | | Dates of payme | ent | Total amount paid | Amount y still o | | Was this p | payment for | | |
| Within 1 year before you filed for bankru Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony. No Yes. List all payments to an insider. | | | | | rtners; relatives of control, or owner of | any gene of 20% or | ral partners; partn more of their votin | erships of whing securities; a | ich you and any | are a gene managing | eral partner; o agent, includ | ding one for | |
| | | Name and | | | Dates of payme | ent | Total amount | Amount y | ou/ | Reason fo | or this paym | ent | |
| | | | | | | | paid | still o | | | , ., | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document

Page 37 of 55 Case number (if known) Debtor 1 Roni Renee McLaughlin Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Roni Renee McLaughlin divorce **Cook County** Pending □ On appeal Trevor McLaughlin □ Concluded 2015 D330919 Roni Renee McLaughlin civil **Cook County** Pending □ On appeal Portfolio Recovery/ □ Concluded Citi/HomeDepot 2018 M3 000139 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main

Page 38 of 55
Case number (if known) Document Debtor 1 Roni Renee McLaughlin

| Pai | t 5: List Certain Gifts and Contribution | ıs | | | |
|-----|---|-------------|---|---|---------------------------|
| 13. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift. | uptcy, c | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and | | Describe the gifts | Dates you gave the gifts | Value |
| | Address: | | | | |
| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or or | | did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that a more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | Dates you contributed | Value |
| Pai | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? No Yes. Fill in the details. | iptcy or | since you filed for bankruptcy, did you lose anyt | thing because of thef | t, fire, other disaster, |
| | Describe the property you lost and how the loss occurred | | | Date of your loss | Value of property lost |
| | flood claim | Count | try Financial. | March 20, 2017 | \$15,000.00 |
| Pai | t 7: List Certain Payments or Transfer | s | | | |
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | |
| | □ No | | | | |
| | Yes. Fill in the details. Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was | Amount of payment |
| | Email or website address Person Who Made the Payment, if Not | ′ ou | | made | |
| | Daniel K. Robin 1515 E. Woodfield Rd. Schaumburg, IL 60173 | | | February 12,2018 | \$1,660.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | | or transfer any prope | rty to anyone who |
| | ■ No | | | | |
| | Yes. Fill in the details. | | Decembra and value of any analysis | Data may we and | A |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| 40 | | | U.d | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Page 39 of 55 Case number (if known) Document

Debtor 1 Roni Renee McLaughlin

| | nclude gifts and transfers that you have already listed on this statement. ☐ No ☐ Yes. Fill in the details. | | | | | |
|-----|--|--|----------------------------|------------------|---|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | | any property or received or debts change | Date transfer was made |
| | Ford Motor Credit P.O. Box 790093 Saint Louis, MO 63179 | I traded in my 2 Explorer \$1500 | | 2012 Ford | d Explorer | 6/26/2016 |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-proton No ☐ Yes. Fill in the details. | | y property to a | self-settled tru | st or similar device | of which you are a |
| | Name of trust | Description and v | alue of the pro | perty transferre | ed | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Inst | truments, Safe Deposit | Boxes, and Sto | orage Units | | mado |
| | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of account instrument | clo | te account was sed, sold, ved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the o | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or ■ No □ Yes. Fill in the details. | r place other than your | home within 1 | year before yo | u filed for bankrupto | sy? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe the o | contents | Do you still have it? |
| Par | 19: Identify Property You Hold or Control for | or Someone Else | | | | |
| 23. | Do you hold or control any property that som for someone. No | neone else owns? Inclu | ıde any propert | y you borrowe | d from, are storing f | or, or hold in trust |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe the p | property | Value |

Desc Main Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Page 40 of 55 Case number (if known) Document

Debtor 1 Roni Renee McLaughlin

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

| | Site means any location, facility, or property to own, operate, or utilize it, including dispos | | aw, whether you now own, operate, | or utilize it or used | | | |
|-----|---|--|--------------------------------------|-----------------------|--|--|--|
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | |
| Rep | port all notices, releases, and proceedings tha | t you know about, regardless of when | they occurred. | | | | |
| 24. | Has any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of a | any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Pai | rt 11: Give Details About Your Business or C | Connections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankrupto | cy, did you own a business or have an | y of the following connections to an | y business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | No. None of the above applies. Go to Pa | No. None of the above applies. Go to Part 12. | | | | | |
| | ☐ Yes. Check all that apply above and fill | in the details below for each business | | | | | |
| | Business Name | Describe the nature of the business | Employer Identification number | | | | |
| | Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed | | number or ITIN. | | | | |
| | | | | | | | |

Page 41 of 55 Document Debtor 1 Roni Renee McLaughlin ase number (if known) 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Roni Renee McLaughlin Signature of Debtor 2 Roni Renee McLaughlin Signature of Debtor 1 Date February 20, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Entered 02/20/18 11:52:38

Case 18-04495

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 02/20/18

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 42 of 55

| Debtor 1 | Roni Renee McLaughlin | | |
|---------------------------|--|---|----------------------------------|
| Debtor 2 | First Name Middle Name | Last Name | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: NORTHERN DIS | STRICT OF ILLINOIS | |
| Case number _ | | | ☐ Check if this is an |
| | | | amended filing |
| | | | |
| Official Fo | rm 108 | | |
| <u>Statemer</u> | nt of Intention for Indiv | viduals Filing Under Chapte | r 7 12/15 |
| If you are an indi | vidual filing under chapter 7, you must f | ill out this form if | |
| | claims secured by your property, or | | |
| _ | ed personal property and the lease has | not expired. | |
| | ver is earlier, unless the court extends the | r you file your bankruptcy petition or by the date set he time for cause. You must also send copies to the | |
| | | oth are equally responsible for supplying correct info | ormation. Both debtors must |
| sign an | d date the form. | | |
| | and accurate as possible. If more space bur name and case number (if known). | is needed, attach a separate sheet to this form. On th | ne top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have Secured Claims | | |
| 1. For any credito | ors that you listed in Part 1 of Schedule l | D: Creditors Who Have Claims Secured by Property (| Official Form 106D), fill in the |
| information be | low. editor and the property that is collateral | What do you intend to do with the property that | Did you claim the property |
| | | secures a debt? | as exempt on Schedule C? |
| | | | |
| | hase Bank | ☐ Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | ■ Yes |
| Description of | 219 N. Marion Bartlett, IL 60103 | Retain the property and enter into a Reaffirmation Agreement. | — 165 |
| property | Cook County | ☐ Retain the property and [explain]: | |
| securing debt: | | | - |
| Craditaria C | haas Dauli | | П., |
| Creditor's C name: | hase Bank | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | | Retain the property and enter into a | Yes |
| Description of | 219 N. Marion Bartlett, IL 60103 Cook County | Reaffirmation Agreement. | |
| property securing debt: | oook county | ☐ Retain the property and [explain]: | |
| | | | - |
| Creditor's Fo | | | |
| name: | ord Motor Credit | ☐ Surrender the property. | □ No |
| name. | ord Motor Credit | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| | | Retain the property and redeem it.Retain the property and enter into a | □ No ■ Yes |
| Description of property | ord Motor Credit 2012 Ford Explorer 80000 miles | ☐ Retain the property and redeem it. | _ |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Fill in this information to identify your case:

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 43 of 55

| Debtor | Roni Renee McLaughlin | Case number (if known) | |
|---------------------------------|---|--|---------------------------------|
| secur | ing debt: | | - |
| prope | ription of 219 N. Marion Bartlett, IL 60103 | □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No ■ Yes |
| For any in the in | formation below. Do not list real estate leases. Ur | in Schedule G: Executory Contracts and Unexpired nexpired leases are leases that are still in effect; the the trustee does not assume it. 11 U.S.C. § 365(p)(2) | lease period has not yet ended. |
| Describ | e your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Lessor's Descrip Property | tion of leased | | □ No □ Yes |
| Under p | enalty of perjury, I declare that I have indicated my that is subject to an unexpired lease. Roni Renee McLaughlin | y intention about any property of my estate that sec | cures a debt and any personal |
| Ro | oni Renee McLaughlin gnature of Debtor 1 | Signature of Debtor 2 Date | |

Official Form 108

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | : | Liquidation |
|-----------|-----|--------------------|
| \$2 | 45 | filing fee |
| \$ | 75 | administrative fee |
| + \$ | 315 | trustee surcharge |
| \$3 | 35 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 48 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Roni Renee McLaughlin | | Case N | Io | |
|-------|---|---|--|---|-----------------|
| | | Debtor(s) | Chapte | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR | DEBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filinger rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be p | aid to me, for services r | |
| | For legal services, I have agreed to accept | | \$ | 1,660.00 | |
| | Prior to the filing of this statement I have received. | | \$ | 1,660.00 | |
| | Balance Due | | | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ☐ I have not agreed to share the above-disclosed comp | pensation with any other person | n unless they are m | embers and associates of | of my law firm. |
| | ■ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the same of t | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspec | cts of the bankrupt | cy case, including: | |
| | a. Analysis of the debtor's financial situation, and rendo b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credited. [Other provisions as needed] Negotiations with secured creditors to a reaffirmation agreements and application | tement of affairs and plan which ors and confirmation hearing, a reduce to market value; ex ons as needed; preparation | th may be required and any adjourned semption planni | ; hearings thereof; ng; preparation and | filing of |
| | 522(f)(2)(A) for avoidance of liens on ho | ousehold goods. | | | |
| 5. | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis- any other adversary proceeding. | | | nces, relief from sta | y actions or |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for | or payment to me f | or representation of the | debtor(s) in |
| F | ebruary 20, 2018 | /s/ Daniel K. Rob | oin | | |
| _ | ate | Daniel K. Robin | | | |
| | | Signature of Attorn Daniel K. Robin | | | |
| | | 1515 E. Woodfie | | | |
| | | #880 Schaumburg, IL | 60173 | | |
| | | Name of law firm | | | |
| | | | | | |

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main Document Page 49 of 55

United States Bankruptcy Court Northern District of Illinois

| In re | Roni Renee McLaughlin | | Case No. | |
|-------|---|---|----------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERI | IFICATION OF CREDITOR MA | TRIX | |
| | | Number of C | reditors: | 24 |
| | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of creditor | rs is true and | correct to the best of my |
| Date: | February 20, 2018 | /s/ Roni Renee McLaughlin Roni Renee McLaughlin Signature of Debtor | | |

Allen Gabe Law PC 1834 Walden Office Sq. \$500 Schaumburg, IL 60173

Amita Health 22589 Network Place Chicago, IL 60673

At&T Mobility P.O. Box 6416 Carol Stream, IL 60197

AT&T U-verse P.O. Box 23870 Jacksonville, FL 32241

Athletico 625 Enterprise Drive Oak Brook, IL 60523

Capital One P.O. Box 30253 Salt Lake City, UT 84130-0253

Chase Bank
P.O. Box 15298
Wilmington, DE 19850

Chase Bank P.O. Box 15153 Wilmington, DE 19886-5153

Chase Cardmember Service P.O. Box 15548 Wilmington, DE 19886

Chase Cardmember Service P.O. Box 15548 Wilmington, DE 19886

Citibank NA P.O. Box 790110 Saint Louis, MO 63179-0110 CM Landscaping P.O. Box 173 Elgin, IL 60121

Elgin Internal Medicine 745 Fletcher Drive 101 Elgin, IL 60123

Ford Motor Credit P.O. Box 790093 Saint Louis, MO 63179

Illinois Housing Authority/ Hardest 401 N. Michigan Chicago, IL 60611

Law Offices of Duane St. Pierre 855 E. Palatine Rd. Palatine, IL 60074

Nordstrom
P.O. Box 6555
Englewood, CO 80155

Northwest Neurology LTD 22285 Pepper Rd. 401 Elgin, IL 60123

Northwestern Medicine 28155 Network Place Chicago, IL 60673

Opthamology Assoc 1670 Capital St. #100 Elgin, IL 60124

Presence St. Joseph Hospital 32816 Collection Chicago, IL 60693

Sherman Hospital 1425 N. Randall Road Elgin, IL 60123 Target Card Services P.O. Box 660170 Dallas, TX 75266-0170

Victoria Secrets P.O. Box 659728 San Antonio, TX 78265 Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main **DANTER ROBEN 53.9 159**

Daniel K. Robin danatlaw@aol.com

Attorneys at Law
1515 E. Woodfield Road
Suite 880
Schaumburg, Illinois
60173

Telephone (847) 670-9100 Fax (847) 886-0105

February 7, 2018

Roni Renee McLaughlin 219 N. Marion Bartlett IL 60103

ATTORNEY/CLIENT FEE AGREEMENT DEBT RELIEF AGENCY

This is the fee agreement between you and Daniel K. Robin, Ltd., ("The Firm"), regarding legal representation with regard to a possible bankruptcy proceedings. While you have inquired of the firm regarding the filing of a Chapter 7 bankruptcy, the firm will not be able to provide a recommendation as to whether you are eligible to file Chapter 7 and whether that filing is advisable until the firm receives the following information and documentation from you:

- 1. Sufficient information to prepare all schedules, financial affairs and the means test;
- 2. Copies of check stubs for your income of any kind during the last six (6) months;
- 3. Copies of your tax returns for the last four (4) years;
- 4. A current credit report from one of the three (3) providers of same;
- 5. Copies of your bills for the last three (3) months of all types and all descriptions.

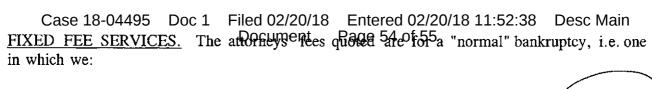
<u>THE RECOMMENDATION.</u> During the consultation and upon review of the above documentation the Firm will evaluate the appropriateness of Chapter 7 and make its recommendation to you.

THE CONSULTATION FEE. The non-refundable fee to the Firm for this initial review and advice is \$ 1600 , which will be credited toward any bankruptcy "FIXED FEE" the Firm provides you after it makes it recommendation. THIS IS NOT AN EXTRA FEE!

Initials RM DKR

FIXED FEE QUOTE Our fee for our services in a normal Chapter 7 bankruptcy is 100 plus all costs. Costs typically include: \$335.00 for the filing fee and \$25.00 for an investigative report. You will have direct expenses for individual briefing before filing (109(h) and direct expenses for an instructional course on financial planning prior to discharge (727(11). While the Firm may accept installments for fees and costs, we will not file the Bankruptcy Petition until all fees and costs have been paid in full.

Initials RM _ DKR



- 1. Prepare and file one draft of your Bankruptcy Petition and Bankruptcy Schedules.
- 2. Attend one creditors meeting with you.
 - 3. Assist in the negotiation of _____ (reaffirmation agreement(s).
 - 4. File the completion certificate for the completed instructional course.
 - ⇒ 5. The fielding of calls from creditors.

Ţ.

- ⇒6. The counseling and advising you as to your rights.
- 7. This office will maintain your file for 6 years follow the close of your case.

HOURLY FEE SERVICES These services are **not** included in this contract and must be the subject of a future contract):

- The attendance at additional meetings of creditors or presentation of motions caused by the client's failure to attend the creditor meeting.
- 2. The presentation of a Section 522 (f) motion to avoid the a Secured Creditor's lien on personal or real property.
- 3. The presentation of a Section 722 petition to redeem personal property secured by a lien for value against a Secured Creditor.
- 4. The defense or discovery for a Secured Creditor's petition to lift the automatic stay.
- 5. The presentation or defense of any Adversary Petition (fraud), motion to dismiss, contempt petition or contested petition.
- 6. The preparation and filing of a recision of any reaffirmation agreement.
- 7. All efforts to obtain or qualify for credit or repair a credit report.
- 8. Assist in the negotiation of additional reaffirmation agreement(s).
- 9. There is a charge of \$100.00 plus \$75.00 in costs for amendments to schedules to add creditors after the Petition is filed.
- 10. Representation with regard to an audit of your Bankruptcy case.
- 11. Presentation of a motion to reopen for failure to do any class.

HOURLY FEE AGREEMENT (These rates are provided for purposes of disclosure in the event a future contract is required.)

- \$250.00 per hour for office time actually devoted to the services of Client. Office time shall include but not be limited to research, preparation of documents, pleadings, brief, and correspondence, filing of documents, telephone calls, conferences, trial preparation, file review and supervision of lay employees.
- 2. \$250.00 per hour for time actually spent in court or in depositions. Time spent in court shall include but not be limited to any trial, prove-up, hearings, pre-trial conference, hearings on petitions or motions or any other appearance before a Judicial or Administrative Officer. This shall include all time necessitated by the court appearance or hearing or deposition out of attorney's office.

Case 18-04495 Doc 1 Filed 02/20/18 Entered 02/20/18 11:52:38 Desc Main OTHER ATTORNEYS. While Different attorneys 1929 55 96 55 over in your case from time to time, you are most likely to work with attorney, Daniel K. Robin. Other independent law firms that may assist with the meeting of creditors may include: James Popjoy, Kathy Vaught, Alexandra Lewycky, Kelly Johnson, Kurt Kolar, Alisha Leuer, David Carter, Mark Sugar, Brian Larkin, Karl Magnus, Andrew Pulaski and Wayne Skelton.

<u>THE MEETING OF CREDITORS.</u> Once your Petition is filed, the Court schedules a Creditors' Meeting, at which you will be examined by the Bankruptcy Trustee about the contents and accuracy of your Petition. This meeting is generally held four to six weeks after the filing of the Petition. Creditors may attend, and they may also ask questions.

REAFFIRMATION AGREEMENTS. Some of your creditors may offer a Reaffirmation Agreement. This is a new contract between you and creditor in which you agree to keep paying their debt; the debt is thus not discharged in the bankruptcy. Subsequent breach of a reaffirmation agreement by you will allow the creditor to take any collection action available to them under the law. THIS AGREEMENT MAY BE RESCINDED AT ANY TIME PRIOR TO DISCHARGE OR WITHIN SIXTY (60) DAYS AFTER THIS AGREEMENT IS FILED WITH THE COURT, WHICHEVER OCCURS LATER, BY GIVING WRITTEN NOTICE OF RESCISSION TO CREDITOR AT THE ADDRESS ON THE AGREEMENT.

<u>NEW AND ADDITIONAL DEBT.</u> Do not use your charge cards. This office is barred by law from recommending that you incur any additional debt.

<u>FUTURE DEBT PAYMENTS.</u> Please note that once you have made the decision to file bankruptcy, you may stop paying any unsecured creditor whose debt you intend to discharge. You should continue to pay your secured creditors, including but not limited to holders of mortgages and car loans for cars and houses that you intend to keep.

NECESSARY CLASSES In order to file any form of bankruptcy you must take a Pre-Filing Counseling Class. In order to receive a discharge you must take a Pre-Discharge Education Class. DO THE SECOND CLASS IMMEDIATELY AFTER YOUR CASE IS FILED. If you fail to take the second class, the court will close your case without a discharge and the court will also charge you a second filing/fee (\$307.00) to reopen the case.

Accepted by Client February 7, 2018

Accepted by Client February 7, 2018

Daniel K. Robin, Ltd. February 7, 2018

Attachments:

Disclosures to Most Bankruptcy Filers Required by 11 U.S.C. 527(a)(1)

Disclosures to Most Bankruptcy Filers Required by 11 U.S.C. 527(a)(2)

Disclosures to Most Bankruptcy Filers Required by 11 U.S.C. 527(b)

Notice to Individual Consumer Debtor Regarding Credit Counseling and Financial Management Instructional Course